

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 186  
Registered No. 35

**1. PLACE OF BIRTH**

County Isleia State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Isleia No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Louisa Gonzales { If child is not yet named, make supplemental report, as directed.  
1. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 2-27-1929  
Month Day Year

**3. FATHER**  
Full name Antonio Gonzales

**9. Residence**  
(Usual place of abode) Isleia, Ariz.  
If non-resident, give place and state.

**10. Color or race** Mexican **11. Age at last birthday** 31 (Years)

**12. Birthplace (city or place)** Mexico  
(State or country)

**13. Occupation** Laborer  
Nature of Industry

**14. MOTHER**  
Full maiden name Candida Cervantes

**15. Residence**  
(Usual place of abode) Isleia, Ariz.  
If non-resident, give place and state.

**16. Color or race** Mexican **17. Age at last birthday** 20 (Years)

**18. Birthplace (city or place)** Mexico  
(State or country)

**19. Occupation** Housewife  
Nature of Industry

**20. Number of children of this mother** 2 (a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.) **21. Were precautions taken against ophthalmia neonatorum?** Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 H. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature T. E. Harper physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Isleia, Arizona

Filed 3/8, 1929 H. E. Wright Registrar

Registrar

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